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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Commissioner for Patents Box RCE Washington, DC 20231

Application Number	09/517,314
Filing Date	March 2, 2000
First Named Inventor	Chih-Chen Cho
Group Art Unit	2811
Examiner Name	Donghee Kang
Attorney Docket No.	M4065.0223/P223

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

, 1995, or to any design	application. See instruction Sheet for RCES (fig.	or to be subili	tted to the OS	F 10) 01	i page z.		
1. Submission red	quired under 37 CFR 1.114				-		
a. Previou	sly submitted						
i. Con	sider the amendment(s)/reply under 37 CF unentered amendment(s) referred to above will be entered.	FR 1.116 pre ered).	viously filed	on		_	
ii. Con	sider the arguments in the Appeal Brief or F	Reply Brief pr	eviously filed	d on _	12.20 <u>.</u>		
iii. Oth	er				^ <u>C</u>	{	
b. x Enclose	ed				ion of	异	
i. x Amo	endment/Reply				ं द्र	22	
ii. Affic	davit(s)/Declaration(s)				CEH	CFP 22 2003	
iii. 🔲 Info	rmation Disclosure Statement (IDS)				TER	53	
iv. Oth	er				ECHIOLOGY CENTER 2800		
2. Miscellaneous]				<u>,</u> 90		
a. Suspen	sion of action on the above-identified ap	plication is	requested u	ınder 3	7 CFR 1.103(c) for	ł	
a period	d of months. (Period of susper	nsion shall not e	ceed 3 months	; Fee und	er 37 CFR 1.17(i) required)		
b. Other							
3. Fees The RCE	fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114	when the RCE	is filed.				
a. The Dire	ector is hereby authorized to charge the	following fe	es, or credi	t any o	verpayments, to		
Deposit	Account No.	<u>-</u>					
i. x RCI	E fee required under 37 CFR 1.17(e)	09	/16/2003 M	GEBREM!	l 00000145 09517314	' [
ii. Exte	ension of time fee (37 CFR 1.136 and 1.17)	01	FC:1801		750	.00 G	
iii. Oth	er		_				
b. Check i	in the amount of \$	encl	osed				
c. x Paymer	nt by credit card (Form PTO-2038 enclosed)			•			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
Name (Print/Type)	Thomas J. D'Amico		Vo. (Attorney/A	1	28,371		
Signature	Jaco		Date	Septe	ember 15, 2003		



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Docket No.: M4065.0223/P223

(PATENT)

#31 E Amondt Ewlec y polynae 9/24/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Chih-Chen Cho

Application No.: 09/517,314

Filed: March 2, 2000

Group Art Unit: 2811

Examiner: Donghee Kang

For: BACKEND METALLIZATION METHOD AND DEVICE OBTAINED THEREFROM

AMENDMENT

U.S. Patent and Trademark Office 2011 South Clark Place Customer Window Crystal Plaza Two, Lobby, Room 1B03 Arlington, VA 22202

Dear Sir:

Responsive to the Office Action of July 14, 2003, rejecting claims 1, 3-11, 13-17, 25, 27-32, and 39, please amend the above-referenced patent application as follows:

SEP 22 ZUUJ Technology center 28

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 CLAIMS AS FILED - PART I. COPYOTHER THAN SMALL ENTITY (Column 1) (Column 2) TYPE OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE \$375 OR BASIC FEE **\$750** TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18=OR INDEPENDENT CLAIMS minus 3 = X42= X84= MULTIPLE DEPENDENT CLAIM PRESENT OR +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER TI-IAN (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY OR CLAIMS HIGHEST REMAINING ADDI-NUMBER PRESENT ADDI-AFTER **PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42 =X84= OR +140= +280= OR TOTAL TOTAL ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-NUMBER PRESENT ADDI-AMENDMENT AFTER **PREVIOUSLY** RATE TIONAL EXTRA RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42= X84= OR +140= +280= OR TOTAL TOTAL ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT ADDI-ADDI-**AFTER PREVIOUSLY EXTRA** RATE TIONAL RATE TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42= X84= OR +140= +280= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter *3."

TOTAL

ADDIT. FEE

TÖTAL

ADDIT. FEE

[♣] If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.